

1170-142
PART B—ISSUE FEE TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. Correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FREE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing. **JUN 02 1994**
GROUP 2100

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
DENNISON, MESEROLE, POLLACK & SCHEINER CRYSTAL SQUARE 4, STE. 512 1745 JEFFERSON DAVIS HWY. ARLINGTON, VA 22202		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/110,170	09/09/93	008	ANTOLIN, B	2100 03/18/94
First Named Applicant	DERMAVAR, SALIM			

TITLE OF INVENTION

ELECTRONIC DEVICE INCLUDING A PASSIVE ELECTRONIC COMPONENT
(AS AMENDED)

IF + days
6-18-94

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
201440001	061-708.000	W06	UTILITY	NO	\$1170.00	06/20/94

BEST AVAILABLE COPY

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	1 DENNISON, MESEROLE, 2 POLLACK & SCHEINER 3
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070 AS 06/08/94 08118170

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)	
(1) NAME OF ASSIGNEE: Pechiney Recherche		6b. The following fees should be changed to: DEPOSIT ACCOUNT NUMBER (ENCLOSED PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10) <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
(2) ADDRESS (CITY & STATE OR COUNTY): Paris, France		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: France		(Signature of party in interest of record) 6/1/94	
A <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment is being previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE